

Attachment C

FEDERAL PROGRAM ASSURANCES AND W-9 INSTRUCTIONS

Authorized Certifying Officials of each provider association applying for funding must sign the following forms listed below to be considered for this grant.

“SF 424B – Assurances – Non-Construction Programs”

“W-9 Request For Taxpayer Identification Number(s) and Certificate”

“SF 424B – Assurances – Non-Construction Programs”

1. Hold the “CTRL” key down while clicking on the link below to access form SF424B – Assurances – Non-Construction Programs, **OR** simply click on the link below to access the form.

<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>

2. Once the form is accessed, click on “File,” then “Print.”

1. Read, sign and include form “SF424B – Assurances – Non-Construction Programs” in your completed application.

“W-9 Request For Taxpayer Identification Number(s) and Certificate”

1. To access the “W-9 Request For Taxpayer Identification Number(s) and Certificate”, hold the “CTRL” key down while clicking on the link below, then click on “Grants”, select the Child Abuse and Neglect Prevention Program”, select C.1 for the W-9.

<http://www.dss.virginia.gov>

2. Once the form is accessed, click on “File,” then “Print.”

3. Read, sign and include form “W-9 – Request For Taxpayer Identification Number(s) and Certificate” in your completed application.